

03-19-07

PATENT APPLICATION

Art Unit: 3743
 Examiner: Ali, Shumaya B
 Atty. Docket: 7432-0046
 Applicants: Moenning and Irlbeck
 Invention: DENTAL ANESTHESIA ADMINISTRATION
 MASK AND EYE SHIELD
 Serial No.: 10/647,991
 Filed: 26 August 2003



CUSTOMER NUMBER: 000031425

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313

Certificate of Express Mailing Under 1.10

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as "Express Mail, Post Office to Addressee" by the certificate number set forth below, in an envelope addressed to:

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dated: 16 March 2007

Signature: Marianne E. Ries
 Marianne E. Ries

Exp. Cert. No.: EV943984434US

Deposit Account:
 The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to:
 Deposit Account No. 50-1590

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

| CLAIMS AS AMENDED | | | | | | | |
|---------------------------------|---|---------------------------------------|-----------------|-----------------|---------|-----------------|----------|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | NUMBER EXTRA | SMALL ENTITY | | OTHER | |
| TOTAL CLAIMS | 34 | 35* | 0 | Rate x \$25 | \$ 0.00 | Rate x \$50 | \$00 .00 |
| INDEP. CLAIMS | 6 | 6** | 0 | Rate x \$100 | \$0.00 | Rate x \$200 | \$ 00.00 |
| TOTAL FEE FOR ADDITIONAL CLAIMS | | | | | | \$0.00 | |

* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

** If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

X An Extension of Time for ___ month (or however many months is necessary) is hereby requested under 37 C.F.R. 1.136(a).

The required fee for filing this extension is:

\$ 0.00

TOTAL FEE FOR THIS AMENDMENT

\$ 0.00

A check in the amount of \$ ___ to cover the total fee for this amendment is attached.

Applicant asserts that it is entitled to Status as Small Entity Under 37 C.F.R. 1.27.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to E. Victor Indiano's Deposit Account No. 50-1590. A duplicate copy of this sheet is enclosed.

Attorney of Record

Printed Name: E. Victor Indiano

Registration No.: 30,143

INDIANO VAUGHAN LLP

One North Pennsylvania Street, Suite 1300
Indianapolis, Indiana 46204
Phone 317-822-0033; Fax 317-822-0055

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3771

Examiner: Ali, Shumaya

Atty. Docket: 7432-0046

Applicants: Moenning and Irlbeck

Invention: **DENTAL ANESTHESIA
ADMINISTRATION MASK AND
EYE SHIELD**

Serial No.: 10/647,991

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**Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450**

CUSTOMER NUMBER: 000031425

AMENDMENT UNDER 37 C.F.R. § 1.111

Dear Sir:

In response to the final Official Action of 03 January 2007, Applicants respectfully request entry of the following amendment.